

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Carlos H. Cascos
Secretary of State

Office of the Secretary of State
Packing Slip

April 28, 2015
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MTHA
702 Plainwood Drive
Houston, TX 77079

Batch Number: 60398831 Batch Date: 04-23-2015
Client ID: 517020287 Return Method: Mail

Document Number	Document Detail	Number / Name	Page Count	Fee
603988310002	Change of Registered Agent/Office	MEMORIAL THICKET HOMEOWNERS ASSOCIATION, INC.	0	\$5.00
Total Fees:				\$5.00

Payment Type	Payment Status	Payment Reference	Amount
Check	Received	4705	\$5.00
Total:			\$5.00

Total Amount Charged to Client Account: \$0.00
(Applies to documents or orders where Client Account is the payment method)

Note to Customers Paying by Client Account: This is not a bill. Payments to your client account should be based on the monthly statement and not this packing slip. Amounts credited to your client account may be refunded upon request. Refunds (if applicable) will be processed within 10 business days.

User ID: CTOBAR

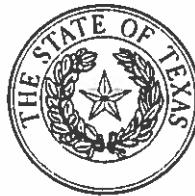
Come visit us on the Internet @ <http://www.sos.state.tx.us/>

Phone: (512) 463-5555

FAX: (512) 463-5709

Dial: 7-1-1 for Relay Services

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Carlos H. Cascos
Secretary of State

Office of the Secretary of State

April 28, 2015

MTHA
702 Plainwood Drive
Houston, TX 77079 USA

RE: MEMORIAL THICKET HOMEOWNERS ASSOCIATION, INC.
File Number: 47301701

It has been our pleasure to file the Change of Registered Agent/Office for the referenced entity. Enclosed is the certificate evidencing filing. Payment of the filing fee is acknowledged by this letter.

If we may be of further service at any time, please let us know.

Sincerely,

Corporations Section
Business & Public Filings Division
(512) 463-5555

Enclosure

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Carlos H. Cascos
Secretary of State



Office of the Secretary of State

CERTIFICATE OF FILING OF

MEMORIAL THICKET HOMEOWNERS ASSOCIATION, INC.

File Number: 47301701

The undersigned, as Secretary of State of Texas, hereby certifies that the statement of change of registered agent/office for the above named entity has been received in this office and has been found to conform to law.

ACCORDINGLY the undersigned, as Secretary of State, and by virtue of the authority vested in the Secretary by law hereby issues this Certificate of Filing.

Dated: 04/23/2015

Effective: 04/23/2015



Carlos -

Carlos H. Cascos
Secretary of State

**Form 401
(Revised 05/11)**

Submit in duplicate to:
Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
512 463-5555
FAX: 512/463-5709
Filing Fee: See instructions

This space reserved for office use



F I L E D
In the Office of the
Secretary of State of Texas

APR 23 2015

Corporations Section

**Statement of Change of
Registered Office/Agent**

Entity Information

1. The name of the entity is:

Memorial Thicket Homeowners Association, Inc.

State the name of the entity as currently shown in the records of the secretary of state.

2. The file number issued to the filing entity by the secretary of state is: 00473017-01

3. The name of the registered agent as currently shown on the records of the secretary of state is:

Marjorie Lott

Registered Agent Name

The address of the registered office as currently shown on the records of the secretary of state is:

702 Plainwood Dr.

Street Address

Houston

City

TX 77079

State Zip Code

Change to Registered Agent/Registered Office

4. The certificate of formation or registration is modified to change the registered agent and/or office of the filing entity as follows:

Registered Agent Change

(Complete either A or B, but not both. Also complete C if the address has changed.)

- A. The new registered agent is an organization (cannot be entity named above) by the name of:

OR

- B. The new registered agent is an individual resident of the state whose name is:

Debbie

First Name

K.

M.I.

Mochizuki

Last Name

Suffix

Registered Office Change

- C. The business address of the registered agent and the registered office address is changed to:

TX

Street Address (No P.O. Box)

City

State Zip Code

The street address of the registered office as stated in this instrument is the same as the registered agent's business address.

Statement of Approval

The change specified in this statement has been authorized by the entity in the manner required by the BOC or in the manner required by the law governing the filing entity, as applicable.

Effectiveness of Filing (Select either A, B, or C)

- A. This document becomes effective when the document is filed by the secretary of state.
- B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: _____
- C. This document takes effect upon the occurrence of a future event or fact, other than the passage of time. The 90th day after the date of signing is: _____

The following event or fact will cause the document to take effect in the manner described below:

Execution

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized to execute the filing instrument.

Date: April 20, 2015



Signature of authorized person

William McClain, President

Printed or typed name of authorized person (see instructions)